

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES	yr/mo/day		Inspection Type	Inspector	Fac Type
1	N U	WA4000601	1	3 0 2 1 2	=	R	3
Remarks							
21							66
Inspection Work Days		Facility Self-Monitoring Evaluation Rating		BI	QA	Reserved	
67		69	70	71	72	73	74 75 76 77 78 79 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) OK Dairy LLC 3721 E Badger Road Everson, WA 98247	Entry Time/Date 1:05 PM 2/12/13	Permit Effective Date N/A
	Exit Time/Date 2:35 PM 2/12/13	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Larry Van Middendorp, Operator (b) (6)	Other Facility Data (e.g., SIC NAICS, and other descriptive information) 112120 - Dairy Cattle and Milk Production Unpermitted	
Name, Address of Responsible Official/Title/Phone and Fax Number Larry Van Middendorp, Operator 3721 E Badger Road Everson, WA 98247 (b) (6)	Contacted <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

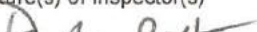

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
● ● ● ● ● ● ● ● ● ●	_____
● ● ● ● ● ● ● ● ● ●	_____
● ● ● ● ● ● ● ● ● ●	_____
● ● ● ● ● ● ● ● ● ●	_____

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Inspection & Enforcement Management Unit
(IEMU)

Name(s) and Signature(s) of Inspector(s) Dustan Bott 	Agency/Office/Phone and Fax Numbers EPA / OCE / (206) 553-5502	Date 2/13/13
Jon Klemesrud	EPA / OCE / (206) 553-5068	
Signature of Management Q A Reviewer 	Agency/Office/Phone and Fax Numbers EPA / OCE / ID# 43-0955	Date 4/8/13

NPDES WALL 666 666

ICIS.
2-17-2013
JJB

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	! Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

OK Dairy, LLC NPDES CAFO Inspection, 2/12/13 Photograph Log
Unless otherwise noted, all photos are taken by Jon Klemesrud.

Facility Location: 3721 E. Badger Road, Everson, WA 98247



(1): Taken from Google Earth. This is an aerial view of both the main facility and the heifer and dry cow facility for the OK Dairy, LLC (highlighted by the blue boxes).



(2): Taken from Google Earth. This is a closer aerial view of the main facility for the OK Dairy, LLC. The address for this facility is 3721 E. Badger Road, Everson, WA 98247. The capacity of the southern lagoon is approximately 5 million gallons and the capacity of the northern lagoon is approximately 2.4 million gallons.



(3): Taken from Google Earth. This is a closer aerial view of the heifer and dry cow facility for the OK Dairy, LLC. The address for this facility is 3873 E. Badger Road, Everson, WA 98247.



(4) 021220113 044.JPG: Facing north, photo of the facility's main below ground waste storage tank located within the confinement area.



(5) 021220113 045.JPG: Facing south, photo of the facility's solid storage area and solid separator. Catch basin located within the storage area is routed to the below ground waste storage tank.



(6) 021220113 046.JPG: Facing east, photo showing one of the facility's two waste storage lagoons. The two lagoons are tiered so that after initial settling, overflow liquid of the first lagoon enters the second lagoon.



(7) 021220113 047.JPG: Facing north, photo showing one of the facility's two waste storage lagoons. The two lagoons are tiered so that after initial settling, overflow liquid of the first lagoon enters the second lagoon.



(8) 021220113 048.JPG: Facing west, photo of the silage storage area, catch basins are located in close proximity to collect run off from the area and route to the below ground waste storage tank.



(9) 021220113 049.JPG: Facing east, photo of the covered feed storage area.



(10) 021220113 050: Facing south, photo of a catch basin to collect silage runoff and route to the below ground waste storage tank.



(11) 021220113 051.JPG: Facing west, photo of the facility's calf pens and fuel storage tanks.



(12) 021220113 052.JPG: Facing east, photo of the storage lagoon at the dry cow/heifer location.



(13) 021220113 0053.JPG: Facing south, photo of the waste storage area at the dry cow/heifer location.



(14) 021220113 0054.JPG: Facing south, photo of a collection sump located outside a barn at the dry cow/heifer location.

ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)**General Information**

Is the Animal Facility Type a CAFO? (Yes or No)	Yes
CAFO Classification? (Large, Medium, or Small)	
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

Solid & Liquid Manure

Solid Manure or Litter Generated: (Tons)	
Liquid Manure or Wastewater Generated: (Gallons)	
Solid Manure or Litter Transferred: (Tons)	
Liquid Manure or Wastewater Transferred: (Gallons)	

NMP (Nutrient Management Plan)

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	Yes
NMP Developed Date: (mm/dd/yyyy)	
NMP Last Updated Date: (mm/dd/yyyy)	

EMS (Environmental Management System)

Does the facility have an EMS? (Yes or No)	
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

Land Application BMP (Best Management Practices)

Type (Check all applicable)
<input type="checkbox"/> Buffers
<input type="checkbox"/> Setbacks
<input type="checkbox"/> Conservation Tillage
<input type="checkbox"/> Constructed Wetlands
<input type="checkbox"/> Infiltration Field
<input type="checkbox"/> Grass Filter
<input type="checkbox"/> Terrace
<input type="checkbox"/> Residue Management
<input type="checkbox"/> Other: (Specify)

Animal Type

Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
Mature Dairy Cattle			600
Veal Calves			
Cattle (All except Mature Dairy Cattle & Veal Calves)			90
Swine over 55 lbs			
Swine under 55 lbs			
Horses			
Sheep or Lambs			
Turkeys			
Chicken (All except Layers)			
Chicken (Layers)			
Ducks			
Other: (Specify)			

Manure, Litter, & Processed Wastewater Storage Types

Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
<input type="checkbox"/> Wastewater Treatment Lagoon		
<input checked="" type="checkbox"/> Storage Lagoon	7.4 M ga	180 days
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Above Ground Storage Tanks		
<input type="checkbox"/> Below Ground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Underflow Pits		
<input type="checkbox"/> Anaerobic Digester		
<input type="checkbox"/> Outdoor Piles		
<input type="checkbox"/> None		
<input type="checkbox"/> Other: (Specify)		

ICDS Attachment D: CAFO (page 2 of 2)

Land Application

Land Available for Application Measure: (# of acres)	400
Number of Acres of Contributing Drainage from Production Area: (# of acres that are drained & collected in the production area)	

Livestock

Livestock Maximum Capacity: (# of animals)	
Livestock Capacity Determination Based Upon: (# of animals)	
Authorized Livestock Capacity: (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	

Containment Type

Type (Check all applicable)	Total Capacity (#)
<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

Violation Types

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report